

Baton Registration Form

Today's Date _____

Child's Name _____ Age _____ DOB _____

Parent's Name _____ Phone _____

Address _____

Does your child have a physical or learning disability that I should be aware? If yes please explain _____

Registering for:

Fees: Craven County Recreation & Parks Department \$35.00 or \$25.00 for two or more

I, the undersigned parent or guardian of _____, do hereby certify to Wendy Connor /Craven County Recreation and Parks Department that our child is in good health and is able physically to participate in the program. We do give said child permission to participate in the baton twirling class. We recognize that children are occasionally hurt while engaged in ordinary play as well as events of the type. We assume all risks applicable to our child's participating in this activity. We hereby waive any and all claims against Wendy Connor/Craven County Recreation and Parks Department and or any gymnasium we use. We understand that tuition payments are due the first Thursday of the month payable to Craven County Recreation and Parks Department.

Date _____

Signed _____
(parent/guardian)

In case of emergency

Nearest Relative

Name _____

Phone _____

Please send registration form & payment to:

Craven County Recreation & Parks Department
406 Craven Street
New Bern, NC 28560